

Case Number:	CM14-0123644		
Date Assigned:	08/08/2014	Date of Injury:	01/15/2002
Decision Date:	09/18/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/05/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 29-year-old female who reported an injury, the mechanism of which is unknown, on 01/15/2002. On 07/11/2014, her diagnoses included psychophysiological disorder, psychalgia, osteoarthritis of the knee, displacement of lumbar intervertebral disc without myelopathy, degeneration of lumbosacral intervertebral discs, and thoracic neuritis. Her complaints included bilateral low back pain radiating down to the ankles. Factors that aggravated her pain were any physical activity and stress. Factors which alleviated her discomfort included exercise/physical therapy, rest, and a functional restoration program. It was noted that she was continuing a home exercise and stretching program, which she had learned in the functional restoration program. Her medications included Flector 1.3% transdermal patch, hydrocodone 5/325 mg, Mobic 7.5 mg, omeprazole 20 mg, ondansetron 4 mg, and Zanaflex 4 mg. There was no rationale included in this injured worker's chart. A Request for Authorization dated 07/14/2014 was included.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

30 Omeprazole 20mg with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs), GI symptoms & cardiovascular risk Page(s): 68-69.

Decision rationale: The request for 30 Omeprazole 20 mg with 1 refill is not medically necessary. The California MTUS Guidelines suggest that proton pump inhibitors, which include omeprazole, may be recommended, but clinicians should weigh the indication for NSAIDs against GI risk factors. Factors determining if the patient is at risk for gastrointestinal events include age greater than 65 years, history of peptic ulcer, GI bleeding or perforation, concurrent use of aspirin, corticosteroids, and/or an anticoagulant or high dose/multiple NSAID use. Omeprazole is used in the treatment of dyspepsia, peptic ulcer disease, gastroesophageal reflux disease, and laryngopharyngeal reflux. Other than being over the age of 65, the injured worker does not have any of the above diagnoses nor does she meet any of the other qualifying criteria for risks of gastrointestinal events. Additionally, the request did not specify the frequency of administration. Therefore, the request for 30 Omeprazole 20 mg with 1 refill is not medically necessary.

60 Zanaflex 4mg with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines muscle relaxants Page(s): 63-66.

Decision rationale: The request for 60 Zanaflex 4 mg with 2 refills is non-certified. The California MTUS Guidelines recommend that muscle relaxants be used with caution as a second line option for short-term treatment of acute exacerbations in patients with chronic low back pain. In most low back pain cases, they show no benefit beyond NSAIDs and no additional benefit when used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Zanaflex is FDA approved for management of spasticity and unlabeled use for low back pain. In 1 study, it demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome. The documentation submitted does not identify spasticity in this worker, nor does she have a diagnosis of myofascial pain syndrome. There was no documentation of significant functional/vocational benefit with the use of Zanaflex. Additionally, there was no frequency of administration included in the request. Therefore, the request for 60 Zanaflex 4 mg with 2 refills is not medically necessary.

60 Flector 1.3% Transdermal Patches 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The request for 60 Flector 1.3% Transdermal Patches 2 refills is non-certified. The California MTUS Guidelines refer to topical analgesics as largely experimental with few randomized controlled trials to determine efficacy or safety. They are primarily recommended for neuropathic pain when trials of antidepressants and anticonvulsants have failed. Many agents are compounded for pain control including NSAIDs. There is little to no research to support the use of many of these agents. Any compounded product that contains at least 1 drug or drug class that is not recommended is not recommended. Topical NSAIDs are recommended for short-term use of 4 to 12 weeks. The only FDA approved NSAID for topical application is Voltaren gel 1% (diclofenac), which is indicated for relief of osteoarthritis pain in the joints. Flector patches contain diclofenac, which is not FDA approved for topical use at this strength or in this form. Additionally, the body part or parts to which these patches were to have been applied was not specified in the request nor was frequency of application. Therefore, the request for 60 Flector 1.3% Transdermal Patches 2 refills is not medically necessary.